

Why is it so difficult to get a regular appointment?

by Dr. Jefferies

What a difficult question! Like a lot of things there isn't an easy answer. If simplified there are probably 4 main areas that go some way to answering it.

1) Government agendas, funding inertia.

When I joined general practice, over 20 yrs ago, patient care was distinctly more re-active than pro-active. Funding was based on patient numbers and income from items of service which were easily defined, often unchanging. The work now is a lot more preventative with a lot more active management of chronic conditions. The funding is a lot more fluid with the ability to earn only if able to perform well at certain tasks that are put in place by Government. Some of these initiatives definitely result in better health care but some are of a dubious nature and require significant man power to achieve. A rather sneaky trick is to be paid for a particular aspect of care for a few years, then have it withdrawn but be expected to continue the care under a "good clinical care" banner whilst requiring a different aspect of care to be developed to recoup the withdrawn funds!

Over the years this has meant there is an expectation to do more and more for no further funding. Unfortunately, although it would be nice to be able to satisfy the day to day demands of patients, we cannot ignore the initiatives that provide funding as the practice cannot survive without them. Consequently, a greater percentage of available appointment time is used up in satisfying these initiatives and less is available for the patient who feels depressed, or who may have a painful hip etc.

2) Patient demand and expectations have changed beyond recognition

Over the last 20 yrs, as a result of the Media, Social media and the Internet, patients are much better informed about medical issues and will generally seek help more frequently. Unfortunately, this knowledge can result in a spin-off with a patient's ability to self-manage their conditions being eroded. Patients are also encouraged to believe that they should be able to access medical care 24/7 without there being the infrastructure in place to come anywhere close to supporting such an expectation. For example, useful Government campaigns targeting rectal bleeding or persisting cough, have to be presented with NO extra funding or facilities for General Practice to manage the subsequent demand. In a forward thinking NHS this evolution of how a patient presents to General Practice should have progressed in tandem with funding which would have allowed General Practice to evolve with it. A good example, which demonstrates that evolution has not occurred, is that appointment times are still only ten minutes long! How can you squeeze all of the patient's agenda (generally multiple) and tick all the boxes required in 10 minutes? It's an impossible task!

3) Manpower

Nowadays availability of GP's and GP nurses is probably the most critical issue to affect General Practice (and the NHS generally). At Crawley Down, since April, we have had a Doctor absent on maternity leave and unlike in previous years when a "maternity locum" could be appointed to cover the absence, (such as the excellent, Dr Shah who covered Dr Kanga's maternity leave), we now find there are very few locums available who will consider such a role. Those that are around will often only consider doing the surgeries and not the other aspects of the role such as "on-call", prescriptions, home visits etc. which I described in my "a day in the life" article. The result of this is that the remaining Drs are having to do more to try to keep providing the service. Currently, recruitment and retention are huge issues and you only have to look to the practices of East Grinstead to see them grappling with similar problems.

When a Dr is on maternity leave NHS England will only fund a proportion of the locum cost and with locum pay rates, such as they are, we can only afford to cover the surgery time. So, even IF, we could find a locum to do the 'extra' duties required it would just serve to bankrupt the practice!

The blame for the apparent lack of available Drs can be put firmly at the door of Government who have been guilty of reducing training places at medical school for years (for example, in 1984 I was the product

of the combined medical schools of Charing cross and Westminster - a union that resulted in 100 less medical student places). Compared to other "developed" countries our Dr/Patient ratios are noticeably higher. The media haven't helped either. What self-respecting Dr would want to work in an industry that is constantly belittled with tabloid headlines screaming out that GP's are greedy, lazy, and incompetent. It doesn't help! I noticed a recent Government plan to open more medical school places.... but as it takes 10 yrs to go from fresh faced medical student to newly trained GP..... is this not too little too late?

4) Population increase is another factor.

Over the last 5 yrs our patient population has increased by close to 10%. In an ideal world such an increase in numbers should generate the same percentage rise in income which could be spent on Dr/Nurse time. Sadly, though, the rise in income has been offset by the reduction in income from other areas as highlighted earlier.

"Closing" our list is not an option. Due to nearby Practices being in similar situations with saturated facilities a closure of the list would only mean that NHS England would simply allocate patients to practices anyway as they HAVE to be registered somewhere!

In conclusion I apologise for a rather demoralising article but I feel, as patients of the Practice, you are owed some insight into the problems we are all facing. It needs to be realised that the resources we have are limited and must be used with respect and sensibility. I don't think GP's have the power to influence policy a great deal but hope that our representative leaders can put forward coherent arguments to the Politicians in order that General Practice can evolve and survive. Lobbying Politicians about the difficulties you all face in accessing health care can't be a bad step either. An adequately funded General Practice is a superb service which was once, (and possibly still is to some), admired around the world. It can act as a gatekeeper to the rest of the NHS thereby protecting their resources and rationalising demand. Today's General Practice is saturated and struggling to cope. It is just contributing to the failings seen in the rest of the NHS.

Realising the negative impact of this article a more positive follow up could be entitled "How to make the most of your Practice" - because, despite it all, we still endeavour to offer an extensive range of services with a caring, patient, professional and friendly team.